



PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for all member leagues and organizations JIYSC and LUSA players are members of, I consent to my child participating in the JIYSC Programs. Further, I hereby release, discharge, and otherwise indemnify JIYSC, all member leagues JIYSC and LUSA are part of, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. As part of my child's registration, I will identify any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.